

PREVAILED

Roll Call No. _____

FAILED

Ayes _____

WITHDRAWN

Noes _____

RULED OUT OF ORDER

HOUSE MOTION _____

MR. SPEAKER:

I move that House Bill 1866 be amended to read as follows:

- 1 Delete the title and insert the following:
- 2 A BILL FOR AN ACT to amend the Indiana Code concerning
- 3 Medicaid.
- 4 Page 1, between the enacting clause and line 1, begin a new
- 5 paragraph and insert:
- 6 "SECTION 1. IC 12-7-2-131.3 IS ADDED TO THE INDIANA
- 7 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 8 [EFFECTIVE JULY1, 2001]: **Sec. 131.3. "Minimum data set" or**
- 9 **"MDS" has the meaning set forth in IC 12-15-41-1.**
- 10 SECTION 2. IC 12-15-41 IS ADDED TO THE INDIANA CODE
- 11 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
- 12 JULY 1, 2001]:
- 13 **Chapter 41. Annual Review of Medicaid Nursing Facility**
- 14 **Residents**
- 15 **Sec. 1. "Minimum data set" or "MDS" means a core set of**
- 16 **screening and assessment elements, including common definitions**
- 17 **and coding categories, used as:**
- 18 **(1) a comprehensive assessment for all residents of long term**
- 19 **care facilities certified to participate in the Medicaid**
- 20 **program; and**
- 21 **(2) a standardized communication about resident problems,**
- 22 **strengths, and conditions within the facilities, between**
- 23 **facilities, and between facilities and outside agencies.**
- 24 **Sec. 2. A nursing facility certified to provide nursing facility**

care to Medicaid recipients shall submit to the office annually minimum data set (MDS) information for each of its Medicaid residents.

Sec. 3. (a) The office or the office's designated contractor shall evaluate the MDS information submitted for each Medicaid resident. The evaluation must consist of an assessment of the following:

(1) The individual's medical needs.

(2) The availability of services, other than services provided in a nursing facility, that are appropriate to the individual's needs.

(3) The cost effectiveness of providing services appropriate to the individual's needs that are provided outside of, rather than within, a nursing facility.

(b) The assessment must be conducted in accordance with rules adopted under IC 4-22-2 by the office.

Sec. 4. If the office determines under section 3 of this chapter that an individual's needs could be met in a cost effective manner in a setting other than a nursing facility, the office shall counsel the individual and provide the individual with written notice containing the following:

(1) The reasons for the office's determination.

(2) A detailed description of services available to the individual that, if used by the individual, would make the continued placement of the individual in a nursing facility inappropriate. The detailed description of services available must do the following:

(A) Include a determination of whether the provider of the services available actually has the capacity to provide the services.

(B) State the name of the provider of the services.

(C) Designate the specific site at which the services are available.

Sec. 5. If an individual appeals a discharge from a nursing facility under this chapter, the office shall continue payment to the nursing facility until the individual has exhausted the appeal process."

Page 5, line 34, delete "3 through 8" and insert "5 through 10".

Page 6, line 17, delete "1" and insert "3".

Page 6, line 28, delete "1" and insert "3".

Page 7, line 27, delete "1" and insert "3".

- 1 Page 10, line 5, delete "1(b)(1)" and insert "**3(b)(1)**".
- 2 Renumber all SECTIONS consecutively.
(Reference is to HB 1866 as printed February 27, 2001.)

Representative Crawford